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ABSTRACT

The University Health Services (UHS) at the University of Massachusetts, Amherst, has been conducting contraception education sessions since 1970. The Contraception Education Session lasts about one and one-half hours and consists of three sections: a slide/tape production overview of all prescription and nonprescription methods available, a discussion of the methods available through UHS with samples for inspection, and a film on breast and pelvic examinations to acquaint participants with what to expect during a routine gynecological evaluation. Contraception education sessions (which are mandatory for students who wish to obtain contraceptive devices) were extended to residential areas of the campus in the spring of 1982. These voluntary dormitory sessions allow students to remain more anonymous as to their sexual intentions. A feedback/evaluation questionnaire of 15 questions and 43 variables was developed and administered to 482 participants (53 percent from Health Center sessions and 47 percent from residential sessions). The survey had three purposes: (1) to assess participant satisfaction with the educational sessions; (2) to compare the attendees of the outreach sessions with those of the UHS sessions; and (3) to obtain program documentation and planning information. Another major goal of the survey was to ascertain the practicality of more routine microcomputer use in the Health Education Division evaluation and documentation process. Survey results are discussed in detail in an item-by-item analysis, and the survey instrument is appended. (JMK)

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COMPUTERS AND CONTRACEPTION: STRANGE BEDFELLOWS?

Contraception Education Survey

by

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"Computers and Contraception: Strange Bedfellows?", PAMELA G. GONYER, M.A.T., University Health Services, University of Massachusetts, Amherst, Massachusetts.

Mandatory contraception education sessions at the Health Center were extended to the residential areas on a voluntary basis beginning in the Spring of 1982. A simple self-administered anonymous feedback survey of 15 questions and 43 variables was distributed at the conclusion of each session. A total of 482 surveys were collected; 255 (53%) from Health Center sessions and 227 (47%) from residential sessions. The data revealed that attitudes and intentions of the students attending differed by location. The mandatory in-house sessions are associated with concurrent contraceptive care appointments and thus identify one as sexually active. Voluntary dormitory sessions allow students to remain more anonymous as to their sexual intentions, therefore, allowing us to reach them at an earlier point in the decision-making process. By computerizing the questionnaire and adapting it to a microcomputer format, one can efficiently perform certain basic tabulations to reveal interesting correlations in the data which have relevance to program planning and health education practice.

INTRODUCTION

Background

The University Health Services (UHS) at the University of Massachusetts, Amherst, has been conducting contraception education sessions since 1970, in response to an important community need. The sessions are offered four times a week, two afternoons and two evenings, and are led by professional staff and carefully trained Graduate Teaching Assistants and Peer Sexuality Educators. One of the weekly sessions is for couples only and is led by a male/female team, while all others are led by women.

The Contraception Education Session lasts about 1½ hours and consists of three sections: a slide/tape production overview of all prescription and non-prescription methods available, a discussion of the methods available through UHS with samples for inspection, and a film on breast and pelvic examination to acquaint participants with what to expect during a routine gynecological evaluation. A variety of factors are introduced which relate to contraceptive decision making such as lifestyle, cost, relationships, effectiveness rates, advantages and disadvantages, safety, and convenience. Factual information is presented in an unbiased fashion, while a non-judgemental atmosphere is created to encourage questions and open discussion.

The Contraception Education Session is one part of an integrated contraceptive care program at UHS consisting of medical, educational, counseling, referral, and follow-up services. It augments clinic visits with a forum for clarifying thoughts prior to a medical visit, and is a requirement for anyone making a first time contraceptive care appointment at UHS. Participants receive a "pink slip" at the conclusion of the session which is then presented at the clinic visit for inclusion in the medical record. Medical and educational staff collaborate on the content of the session.

A primary goal of the education session is to assist the participants in making a personally appropriate contraceptive choice, based on current information regarding the methods available, if and when they decide to use one. The sessions are open without registration to anyone desiring this type of information, regardless of contraceptive intent. Confidentiality is observed and protected.

Program Changes

In 1982, an important addition was made to the Contraception Education Program. UHS Peer Sexuality Educators (PSE's) previously reported a strong need for dormitory contraception education, based on their experiences leading workshops and serving as referral points to other students. The resulting dialogue led to the piloting of "pink slip" contraception education sessions in the dormitories during the Spring and offering them routinely in the Fall. In the past, many workshops were conducted in the residential system, but they did not qualify as "pink slip" sessions, so participants had to attend a session at UHS as well.

Initial reservations about implementing "pink slip" outreach sessions were based on the belief that the environment in the dorms is far less formal than in the Health Center and that it would be more difficult to present an equivalent session, particularly with student facilitators. These reservations were overcome by establishing a policy that all outreach sessions would be co-facilitated by a UHS staff person and a PSE. The same protocol used at UHS would also be used in the dorms.

Rationale for Outreach Contraception Education

A basic philosophy of health education is that education be tailored to meet the needs of the individual, not the educator. In the case of contraception education, a need for outreach programming was recognized. While UHS based educational sessions are viewed very positively and are well attended, they only reach a segment of the campus community. Many students who come to the UHS sessions do so because the sessions are a prerequisite for contraceptive care visits, and they learn of them when calling for a medical appointment. This mandatoriness then leads many to believe that the sessions are for 'sexually active' women; i.e., those who are having intercourse and decided to use a contraceptive, or those who are about to.

Contraception education sessions in the dorms are more voluntary, since they are not connected with contraceptive care appointments, although the "pink slips" are distributed (all female participants receive them with the instructions that they should save them in case they ever decide to make a

contraceptive care visit or to discard them after the session if they are of no use). Thus, by offering routine educational sessions in the residential areas on a request basis, an additional segment of the university community could be reached. It would not be unreasonable to assume that this additional segment may consist of men and women who are hesitant to come to the Health Center, those who have not made any contraceptive decisions but want the information, and those who are already sexually active and risking an unplanned pregnancy by not using a contraceptive method. By offering both the UHS and the outreach options for education, a larger number of students can be reached with this program.

PROGRAM EVALUATION AND SURVEY

Purpose

The Contraception Program has been evaluated in the past, most recently in 1981. Since that time some changes in the materials and media used in the session have occured. Thus, these accumulated changes and the addition of the outreach program indicated that it was appropriate to monitor the program again. A feedback/evaluation questionnaire was developed with three main purposes: 1. to assess the participant satisfaction with the educational sessions; 2. to compare the attendees of the outreach sessions with the UHS sessions; and 3. to obtain program documentation and planning information. A second major goal of the survey, aside from program evaluation, was to ascertain the practicality of more routine microcomputer use in the Health Education Division evaluation and documentation process.

Survey Methodology

The simple, self-administered anonymous questionnaire consisting of 15 questions was distributed at the conclusion of education sessions during the Spring and Fall semesters of 1982. A total of 482 questionnaires were collected: 255 (53%) from UHS sessions and 227 (47%) from residential sessions. The total represents 65% of those attending sessions during the survey period.

The data were coded to conform with A-STAT, the Apple Microcomputer Statistics Package, and were analyzed using the frequency distribution and

bivariate contingency tables procedures, including the calculation of chi-square on selected tables. Data processing and anaylsis was performed by Health Education staff, rather than by the University Computing Center.

Hypotheses Tested

With regard to comparing the UHS session participants and the outreach participants, the following hypotheses were tested.

Ho_1: There is no association between contraceptive intent and the location of the education session.

Ho_2: There is no association between appointment seeking and location of the education session.

Ho_3: There is no association between the reason for attending the session and location of the education session.

Ho_4: There is no association between the sex of the participant and location of the education session.

Testing for statistical significance was performed at the alpha=.05 level. Therefore, when the chi-square probability was less than .05, the null hypothesis was rejected.

RESULTS

Demographic Information

As mentioned earlier, the survey respondents consisted of an approximately half UHS participants (53%) and half outreach participants (47%). Other demographic variables of interest were health care plan, sex, time attended, and day attended.

The Student Health Plan accounted for 97% of the respondents and three-fourths of the 482 participants (75%, n=361) were women. Evening sessions were attended most frequently (71%), but that was not surprising since almost all of the outreach and half of the UHS sessions were scheduled at that time. The most popular day of the week was Monday (33%), however, this result was confounded by the times that the sessions were scheduled and the fact that all days were not equally available for sessions.

Participant Satisfaction

The results showed that, in general, those responding to the survey were satisfied with the educational sessions and found them to be important. When asked if the session met their expectations, 98% responded Yes. In other questions, participants were asked to state their opinions on various aspects of the session via a three point scale. Items which respondents found "Just Right" were: amount of information (97%), depth of information (95%), length (97%) and pace (88%). While items found to be "excellent" were: clarity of information (79%), comfort created for participation (74%), leader's ability to hold interest (84%), leader's receptivity to questions (90%), and overall organization (85%). Only 3 (less than 1%) respondents found any of the previous five items to be "Poor".

With regard to the information presented in the three parts of the session, an average of 39% of the respondees said they "Learned New Information", 44% "Clarified Old Information", 13% "Gained A New Perspective", and 4% found the session information "Not Really Helpful". Finally, when looking at the three sections of the session with regard to learning new information, the samples and discussion ranked first (41%), the breast and pelvic exam film ranked second, (33%) and the slide/tape production ranked third (26%).

Contraceptive Intent

Ho_1: There is no association between contraceptive intent and the location of the education session.

Survey respondents were asked if they were considering a specific contraceptive method before they came to the workshop that day. There was a strong relationship between these two variables, as indicated by the chi-square statistic, which rejected the null hypothesis. Table 1 illustrates this comparison.

Table 1: Comparison of Location of the Contraception Education Session with Contraceptive Intent

Considering a Method?	Location	
	UHS	Outreach
No. I came for information only.	39(16%)	118(53%)
No. But I am considering one now.	16(7%)	18(8%)
Yes. And my choice is the same.	164(66%)	74(33%)
Yes. But I've made another choice.	28(11%)	12(6%)
Total responses	247(100%)	222(100%)

X^2=80.5, df=3, p= <.001

In looking at the table it is evident that a much greater percentage of outreach attendees had not considered a contraceptive method at the time of the educational session. The reverse is true for the UHS attendees, a greater percentage had considered a method. In practical terms, this means that the program in the dorms is reaching more students before they have made a contraceptive choice, than the UHS sessions. This is important information for the facilitators to know, since it could have an influence on the receptivity of the group to the information being presented. It would also be reasonable to assume that some of the participants were in the midst of decision making and the session would be very timely.

Of further importance to the facilitator is the fact that a very high percentage of respondents also were resolved in their decision. 82% of the UHS attendees and 86% of the outreach attendees indicated that they had not changed their mind as a result of the session. This is not necessarily a negative finding, since comfort and confidence with a contraceptive method are important to proper use. Also, participant satisfaction with the program was high. Further consideration of this area is indicated.

Ho_2: There is no association between appointment seeking and location of the education session.

In another question addressing contraceptive intent, survey respondents were asked if they would be making an appointment for contraceptive care

during the following few weeks. Since the prescription methods available at UHS are used by women, only the responses of women were chosen and cross-tabulated with the location. Table 2 illustrates this comparison.

Table 2: Comparison of Location of the Contraceptive Education Session with Women's Appointment Making.

Making an Appointment?	Location	
	UHS	Outreach
Yes	74(37%)	53(34%)
No	23(12%)	85(54%)
Already Made One	97(49%)	17(11%)
Unsure	4(2%)	1(1%)
Total responses	198(100%)	156(100%)

X^2=93.3, df=3, p= ≤.001

There is a strong relationship between these two variables, as indicated by the chi-square statistic. Many more women coming to the education session at UHS have made or would be making an appointment for contraceptive care than those who attend outreach sessions. Practically speaking, the two sessions are reaching different groups of women with the information presented.

Ho_3: There is no association between the reason for attending the session and location of the education session.

Each respondent was asked why they attended the contraception education session. The comparison of this variable with location is shown in Table 3.

Table 3: Comparison of Location of the Contraceptive Education Session with Reason for Attending.

Why?	Location	
	UHS	Outreach
To Accompany A Friend	16(8%)	10(6%)
Wanted the Information	98(47%)	97(54%)
Required for A Clinic Appointment	60(29%)	18(10%)
Other-Miscellaneous	34(16%)	53(30%)
Total responses	208(100%)	178(100%)

X^2=26.2, df=3, p= <.001

There is a strong association between the two variables, as indicated by the chi-square statistic. The category of other makes this table more difficult to interpret since it is quite large, and consists of a wide range of non-categorizeable responses, that can be a characteristic of open ended questions. Of significance though,is the number of respondents who wrote clearly categorizeable responses. One obvious difference between the two groups is the percentage who came to the education session because it was required. Also, it would be of interest to the facilitators to be aware of how many do come to the sessions because they want the information that is provided.

Gender of the Participants

Ho_4: There is no association between the sex of the participant and the location of the education session.

Certain demographic information was included in the questionnaire, and examined here is sex. Table 4 compares the variables for location of the session and sex of the respondents.

Table 4: Comparison of Location of the Contraception Education Session and Sex of the Respondent.

Sex	Location	
	UHS	Outreach
Female	196(89%)	165(81%)
Male	25(11%)	38(19%)
Total responses	221(100%)	203(100%)

X^2=4.8, df=1, p= <.001

There is a strong association between the two variables tested, as indicated by the chi-square statistic. Of interest here is the larger percentage of men reached in the outreach program, though neither is as high as desired. The results seem to reflect the assumption that contraception is primarily a woman's concern. A goal of program planning would be to find ways to further increase men's attendance at these sessions.

DISCUSSION

Limitations of the Survey

Probably the largest limitation of this survey is that it was not originally intended to be computerized for analysis. The decision to perform more involved analysis came about after the survey was underway. Therefore the questionnaire construction and the variable selection was not done as carefully as it might have been under other circumstances. The availability of an Apple microcomputer added the goal of gaining proficiency through experimentation with a statistics software package.

A second limitation concerns the sampling method. While 482 respondents represents an adequate sample size, the way in which the respondents were chosen was not random, and involved some degree of bias. Respondents self-selected whether or not they would complete the questionnaire, and the facilitators occasionally forgot to hand them out at the conclusion of a session. This accounts for the 35% non-response rate.

Comments

With the above limitations in mind, a few comments can be made about this survey. First of all, the overall purposes of this survey were the same from the beginning, and some interesting data were collected. Participant satisfaction with the program was assessed and found to be high. Materials and media used in the sessions and revised over the past two years proved to be satisfactory in presenting information to the participants, while the process and format of the sessions was also viewed positively.

Secondly, quite alot of documentation and program planning information was obtained from this survey. For example, it indicated that the publicity is not working as well as assumed, since 61% (n=155) of those responding said that attendance could be increased by advertising more (on an open ended question). On another question, 38% (n=174) of those responding said that "Women Only" sessions would be the most comfortable, while 0% opted for "Men Only" sessions. In the same question, 39% (n=183) said that it "Didn't Matter".

Finally, the attendees of the outreach and the UHS sessions were compared on a number of variables, some of which were described in this paper. Sufficient information was obtained to demonstrate that offering both the UHS and the Outreach Contraception Education Sessions was of value in reaching a larger segment of the campus community. In fact, when comparing overall statistics for Fall 1982 total attendance, it was noted that the average dorm session attendance was double that of UHS sessions.

MICROCOMPUTER USE

Background

Remarks in this section are limited to the Apple Microcomputer Statistics Package called A-STAT, by Grandon Associates. It should be noted that this author was a novice at the beginning of this survey - in both routinely applied statistics and computers of any kind. Admittedly, previous experience with SPSS, Statistical Package for the Social Sciences, would have contributed to a more rapid understanding of A-STAT, but everyone starts somewhere. The A-STAT experience was a good foundation for expansion into SPSS.

Involvement with A-STAT began through a graduate student intern who was analyzing feedback questionnaires generated by a day long educational program. The number of questionnaires received was large for paper and pencil tabulation, but certainly didn't warrant a full-scale computer involvement at the University Computing Center. Another division of the Health Services happened to have an Apple Microcomputer and the A-STAT program on hand, so the idea of applying A-STAT to the Health Education Division began. Simultaneously, the Contraception Education Survey started and it was decided to use it as the experimental model for A-STAT use. Early in the process the intern completed her stay at UMass and the effort was carried on by staff.

What is A-STAT?

A-STAT is a language used for statistical analysis, available in a double sided floppy disk. It requires an Apple II Microcomputer, preferably with a printer for recording output. Statistical procedures available include; raw data entry with creation of a rectangular file, frequency distribution, bivariate contingency tables with statistical calculations, file listing, permanent file modification, file merging, edit, correlations, sort, regression analysis, and analysis of variance. There is also a transformation language which can be used to create subsets of data or temporary file modifications.

Use of A-STAT

A-STAT is convenient to use in situations where small data bases are analyzed routinely, such as feedback, questionnaires, needs assessments, satisfaction surveys and workshop evaluations. One strong advantage is its accessibility. There is no time sharing or long waits to get onto the system. This makes it quite easy to schedule small blocks of computer time into a work day. The data entered is stored on small floppy disks which are set aside when not being used. Another plus is that it is interactive; meaning more hands on control and involvement with the data analysis.

There are limitations in the use of A-STAT. Because it is best suited for smaller data bases, it wouldn't be convenient for large-scale research projects. Additional considerations are that its dimensions only allow up to 45 variables per file, and calculations cannot be performed on values over 100 (14 in the case of the tables procedure on the 79.6C edition). A big challenge with A-STAT use is that the program is not menu-driven and at times is very user unfriendly and unforgiving.

Overall, A-STAT is a convenient program to use, as long as it is not viewed as a substitute for SPSS or main frame computer capabilities. One of its major contributions other than number crunching, has been its association with the Apple Microcomputer and the introduction of this technology to the UMass Health Education Division.

Contraception Education Survey
University Health Services
University of Mass/Amherst

Pamela G. Gonyer
Health Education Division
May 1983

FREQUENCY DISTRIBUTIONS
N=482

DAY OF THE WEEK ATTENDED

	f	%
Monday	161	33%
Tuesday	110	23%
Wednesday	135	28%
Thursday	76	16%
Total	482	100%

HEALTH CARE PLAN

	f	%
Student Health Plan	461	97%
Valley Health Plan	7	2%
Other	5	1%
Total	473	100%

TIME OF THE DAY ATTENDED

	f	%
Afternoon	138	29%
Evening	344	71%
Total	482	100%

SEX

	f	%
Female	361	85%
Male	63	15%
Total	424	100%

LOCATION OF THE SESSION

	f	%
University Health Center	255	53%
Outreach (Residential)	227	47%
Total	482	100%

1. *Why did you come to the Contraceptive Education Workshop today?*

	f	%
To Accompany a Friend	36	8%
To Get Information	229	52%
Because It's Required	87	20%
Pelvic Exam Preparation	7	2%
To Get Protection	27	6%
For An Alternative Method	21	5%
Other	32	7%
Total	439	100%

2. *Did the Workshop meet your expectations?*

	f	%
Yes	469	98%
No	11	2%
Total	480	100%

Yes - Why?	f	%
Yes. No Comment	137	29%
Informative/Straightforward/Helpful	137	29%
Explained the Methods	59	13%
Answered my questions	44	9%
Thorough	40	9%
Other	52	11%
Total	469	100%

3. *Before you came to the Workshop today were you considering a specific Contraceptive Method?*

	f	%
No. I came for general information only...	162	34%
No. But I am considering one now...	35	7%
Yes. And my choice remains the same...	241	51%
Yes. But I have made another choice...	40	8%
Total	473	100%

	NO Considering Now	YES Choice Remains	YES Another Choice		Total	
			OLD	NEW	f	%
IUD	5	2	4	4	11	3%
Diaphragm	9	102	12	14	123	39%
Pill	8	105	13	4	126	40%
Condom	0	4	0	1	4	1%
Foam/Suppository	1	3	0	0	4	1%
Condom plus	3	8	3	4	14	4%
Undecided	6	6	2	10	14	4%
Other	1	3	2	1	6	2%
No Method Specified	2	8	4	2	14	4%
Total					316	100%

4. *How are you feeling about choosing a Contraceptive method now?*

	f	%
Not Applicable. I don't need a method now...	71	19%
I have all the information I need and have made my decision...	216	58%
I am uncertain and...	82	22%
Other	3	1%
Total	372	100%

5. *Will you be making an appointment for contraceptive care during the next few weeks?*

	N	%
Yes	155	33%
No	175	37%
Already Have One	129	28%
Unsure	8	2%
Total	467	100%

6. *How could we better assist you with making decisions about choosing and using contraceptives?*

	N	%
You've done so sufficiently	82	47%
No need	13	7%
You couldn't	10	6%
Individual meeting	19	11%
Other	51	29%
Total	175	100%

7. *Please check (✓) your opinion about the following sections of today's workshop:*

	Learned New Information %	Clarified Old Information %	Gained New Perspective %	Not Really Helpful %	Total %
Slide/Tape "Contraception: The Choice is Yours"	31%	55%	11%	3%	100%
Samples & Discussion "Methods of Contraception"	48%	37%	13%	2%	100%
16 mm Film "Your Breast and Pelvic Exam"	39%	39%	15%	7%	100%

8. *Please circle your opinion about today's workshop:*

	Too Much-Much Long-Fast		Just Right		Too Little-Little-Short-Slow		Total	
	f	%	f	%	f	%	f	%
Amount of information	4	1%	458	97%	8	2%	470	100%
Depth of information	3	1%	444	95%	22	5%	469	100%
Length of session	65	14%	400	85%	5	1%	470	100%
Pace of session	3	1	410	88%	55	12%	468	100%

9. *Please check (✓) your feelings about:*

	Excellent		Satisfactory		Poor		Totals	
	f	%	f	%	f	%	f	%
Clarity of information	369	79%	101	21%	0		470	100%
Comfort created for participation	346	74%	120	26%	3		469	100%
Leader's ability to hold interest	393	84%	75	16%	1		469	100%
Leader's receptivity and response to questions	421	90%	45	10%	1		467	100%
Overall Organization	398	85%	71	15%	0		469	100%

10. *What did you like the <u>BEST</u> about the Workshop?*

	f	%
It was informative	59	16%
Samples & Discussion	79	21%
Comfortable Atmosphere	88	23%
The Facilitator	27	7%
Details on the methods	24	6%
*Media	54	14%
Other	51	13%
Total	382	100%

*Pelvic Exam film	19	5%
Slide/Tape	10	3%

11. *What did you like the LEAST about the workshop?*

	f	%
Nothing	59	28%
*Media	45	21%
Length/Pace	30	14%
Not enough discussion	11	5%
Uncomfortable atmosphere	10	5%
Other	57	27%
Total	212	100%
*Pelvic Exam Film	32	15%
Slide/Tape	7	3%

12. *What improvements can you suggest?*

	f	%
None	80	47%
Fine as is	12	7%
More Discussion	9	5%
Other	69	41%
Total	170	100%

13. *Would you attend any of the following?*

	Yes		No		Total	
	f	%	f	%	f	%
Advanced information group session	218	55%	175	45%	393	100%
Individual counseling	263	66%	135	34%	398	100%
Follow-up group session on your contraceptive method	250	63%	147	37%	397	100%

14. *How do you think we could increase attendance at these workshops?*

	f	%
Advertise More	155	61%
Don't Know	17	7%
Word of Mouth	14	6%
Have them in Dorms	11	4%
Other	57	22%
Total	254	100%

15. *Which of the following formats would you be <u>the most</u> comfortable with?*

	f	%
Women Only	174	38%
Men Only	2	-
Couples Only	27	6%
Mixed Group	61	13%
Doesn't Matter	183	39%
Other	17	4%
Total	464	100%

CONTRACEPTION EDUCATION WORKSHOP
University Health Services

Today's Date_____

Feedback Form

Location_____

Please help us ! By filling out this questionnaire you can help improve this workshop for future participants, and we can better assess your needs. Be candid; we really want your comments. We learn from mistakes as well as successes.

☐ Student ☐ VHP ☐ Other_____ ☐ Female ☐ Male

1. Why did you come to the Contraceptive Education Workshop today ?
Please be specific.

2. Did the workshop meet your expectations ?

☐ Yes ___ Why?

☐ No____ Why Not?

3. Before you came to the workshop today, were you considering a specific contraceptive method ?

☐ No. I came for general information only.

☐ No. But I am considering one now. *Please specify method*_____

☐ Yes. And my choice remains the same. *Please specify method*_____

☐ Yes. But I have made another choice. *Please specify*
*Original Method*_____
*New Method Choice*_____

PLEASE COMMENT on factors which influenced changing your decision(eg. new information, safety of method, effectiveness rates, convenience, etc.)

4. How are you feeling about choosing a contraceptive method now?

☐ Not applicable; I don't need a contraceptive method now.

☐ I have all the information I need and have made my decision.

☐ I am uncertain and

____ I need some time to think this over.
____ I need more information.
____ I want to discuss this with a friend/ partner/spouse.
____ I want to talk this over with a physician or nurse practitioner.
____ I want to talk this over with an educator/counselor.
____ Other_____

5. Will you be making an appointment for contraceptive care during the next few weeks?

☐ Yes ☐ No ☐ Already have made one

6. How could we better assist you with making decisions about choosing and using contraceptives? *Please be specific.*

- OVER -

7. Please check (✓) your opinion about the following sections of today's workshop:

	learned new information	clarified old information	solved new perspective	Not really helpful
Slide/Tape "Contraception: The Choice is Yours"				
Samples & Discussion "Methods of Contraception"				
16mm Film "Your Breast and Pelvic Exam"				

COMMENTS:

8. Please circle your opinion about today's workshop:

amount of information	Too Much	Just Right	Too Little
depth of information	Too Much	Just Right	Too Little
length of session	Too Long	Just Right	Too Short
pace of session	Too Fast	Just Right	Too Slow

COMMENTS:

9. Please check (✓) your feelings about:

	Excellent	Satisfactory	Poor
clarity of information			
comfort created for participation			
leader's ability to hold interest			
leader's receptivity and response to questions			
overall organization			

COMMENTS:

10. What did you like the BEST about the workshop? Why?

11. What did you like the LEAST about the workshop? Why?

12. What improvements can you suggest?

13. Would you attend any of the following?

☐ Yes ☐ No Advanced information group session
☐ Yes ☐ No Individual counseling
☐ Yes ☐ No Follow-up group session on your contraceptive method

14. How do you think we could increase attendance at these workshops?

15. Which of the following formats would you be the most comfortable with:

☐ Women only session ☐ Couples only session ☐ Doesn't matter
☐ Men only session ☐ Mixed group session

THANKYOU!

3/82